

# CERTIFICATION OF VITAL RECORD

## STATE OF LOUISIANA

BIRTH NUMBER:

STATE FILE NUMBER: 2013-024-00416

3241739

<b>DECEDENT</b>	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		DATE OF BIRTH	DATE OF DEATH	TIME OF DEATH
	SMITH, HENRY SIDNEY		06/02/1946	08/02/2013	11:00 AM
	PLACE OF BIRTH - (CITY, STATE, COUNTRY)		SEX	SOCIAL SECURITY NUMBER	AGE
	NEW ORLEANS, LA UNITED STATES		MALE	433-68-7881	67 YEARS
<b>PERSONAL</b>	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):				
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)				WITHIN CITY LIMITS?
	1322 CUTTER COVE, SLIDELL, LA 70458 UNITED STATES				YES
	PARISH/COUNTY				ST. TAMMANY
	EVER IN U.S. ARMED FORCES?		OCCUPATION	INDUSTRY OF OCCUPATION	
	NO		EDUCATOR	EDUCATION	
	MARITAL STATUS		NAME OF SURVIVING SPOUSE - (LAST, FIRST, MIDDLE, SUFFIX)		
	MARRIED		SOULES, PATRICIA		
	FATHER'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		FATHER'S PLACE OF BIRTH - (CITY, STATE, COUNTRY)		
	SMITH, HENRY SIDNEY		THIBODAUX, LA UNITED STATES		
MOTHER'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		MOTHER'S PLACE OF BIRTH - (CITY, STATE, COUNTRY)			
ESLER, RHODA AGNES		NEW ORLEANS, LA UNITED STATES			
INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		RELATIONSHIP TO DECEDENT	INFORMANT'S ADDRESS		
JACKSON, KELLEY		DAUGHTER	8 TURNER HOUSE 26 CLEVEDON ROAD, TWICKENHAM, TW12TE GREAT BRITAIN (UNITED KINGDOM)		
EDUCATION: MASTER'S DEGREE (E.G. MS, MA, MENG, MED, MSW, MBA)					
OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO					
RACE: WHITE					
<b>DEATH INFO</b>	PLACE OF DEATH		FACILITY NAME		
	HOSPICE FACILITY		CANON HEALTHCARE HOSPICE (JEFFERSON)		
<b>DISPOSITION</b>	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		PARISH/COUNTY		
	1221 S. CLEARVIEW PKWY., JEFFERSON, LA 70121 UNITED STATES		JEFFERSON		
	METHOD OF DISPOSITION		PLACE OF DISPOSITION		DATE OF DISPOSITION
CREMATION		METAIRIE CREMATORY		08/08/2013	
<b>FUNERAL FACILITY</b>	FUNERAL FACILITY NAME		ADDRESS OF FUNERAL FACILITY		
	LAKE LAWN METAIRIE FUNERAL HOME		5100 PONTCHARTRAIN BLVD., NEW ORLEANS, LA 70124 UNITED STATES		
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX)		LICENSE NUMBER	CORONER NOTIFIED?	
	POCHE, GUY		E2549	Y	
<b>MEDICAL INFO</b>	SIGNATURE OF FUNERAL DIRECTOR		DATE		
	"e-sign"		8/7/2013		
	MANNER OF DEATH		NATURAL		
<b>CAUSE OF DEATH</b>	IF FEMALE?		NOT APPLICABLE		
	DID TOBACCO USAGE CONTRIBUTE TO DEATH?		UNKNOWN		
	PART I. Enter the chain of events -- diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				APPROXIMATE INTERVAL Onset to Death
	IMMEDIATE CAUSE - (Final disease or condition resulting in death)				5 MONTHS
Sequentially list conditions, if any, leading to the cause listed on line a					
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
<b>INJURY INFORMATION</b>	WAS AN AUTOPSY PERFORMED?		FINDINGS USED IN DETERMINING CAUSE?		
	NO		NOT APPLICABLE		
	PLACE OF INJURY	DATE OF INJURY	TIME OF INJURY	INJURY AT WORK	IF TRANSPORTATION INJURY, SPECIFY:
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		PARISH/COUNTY		
DESCRIBE HOW INJURY OCCURRED					
<b>CERTIFIER</b>	I CERTIFY THAT I ATTENDED THE DECEDENT FROM 7/10/2013 TO 8/2/2013 AND THAT DEATH OCCURED ON THE DATE AND HOUR STATED AND DUE TO THE CAUSE(S) AND MANNER STATED.				
	SIGNATURE OF CERTIFIER:		"e-sign"	DATE	8/5/2013
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX)		BLALOCK, WILLIAM OREN		
	CERTIFIER TITLE: CERTIFYING PHYSICIAN				
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)				
	1221 S. CLEARVIEW PKWY., APT/STE 4, JEFFERSON, LA 70121 UNITED STATES				
<b>REGISTRAR</b>	BURIAL TRANSIT PERMIT		PARISH OF ISSUE	DATE OF ISSUE	DATE FILED WITH REGISTRAR
	47833		ORLEANS	08/05/2013	8/7/2013
SIGNATURE OF REGISTRAR		DARLENE W. SMITH "e-sign"			

ISSUED BY: Ball, Sandra

Issued On: 8/13/2013 9:21:13 AM



\* 003241739 \*

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

*Darlene W. Smith*  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID.  
DO NOT ACCEPT